

CREDIT APPLICATION

OFFICE USE ONLY Branch:

Acct#:

Wholesale Distributor of Cooling Products and Auto Body Parts 10725 E. Rush St., S. El Monte, CA 91733

Tel: 1-626-575-3000 • Toll Free: 1-888-350-8000 • Fax: 1-626-350-8866

| | | | | | | PLEA: | SE MAIL BA | ACK OF | RIGINAL CO | PY TO THE | ADDRESS NOTED ABOVE | |
|---|--|--|--|--------------------------------------|---------------------------------|--------------------------------------|---------------------------------|-----------------------------------|--|-------------------|-----------------------------------|--|
| A. Business Informat | | | | | | | | | | | | |
| Business Name | | | DBA (Doing Business As) | | | | | | Business Contact Email Address | | | |
| Business Physical Address | | | City | | | | | | State | | Zip | |
| Business Contact Name Bu | | | Business Phone# Busine | | | Business | Fax# | | | Years in Business | | |
| Resale Permit # Federal Tax ID (F | | | · · · · · · · · · · · · · · · · · · · | | | | ect One) Partnership | | | Other: | | |
| Bank Name | | Acco | ount No. | | Account Ope | | | n Since Averag | | | e Daily Balance | |
| Bank Address | | I | | City | | | | | State | | Zip | |
| B. Trade References | | | | | | | | | | | | |
| 1) Name of Company | | | Contact Name | | | | | Telephone # | | | | |
| Fax# | Address | Address | | | | | | Acct# (if applicable) | | | | |
|) Name of Company Contact Nam | | | | | | | | Telephone # | | | | |
| Fax# | Address | 1 | | | | | | Acct# (if applicable) | | | | |
| 3) Name of Company | Contact Name | | | | | | | Tele | Telephone # | | | |
| Fax# | Address | Address | | | | | | Acct# (if applicable) | | | | |
| C. Personal Guarants For good and valuable consideration, the under- further agrees to be personally liable for all ind- the terms of payment occurs on any account on expenses, including reasonable attorneys' fees, Owner/Principal's Name | signed agrees to ebtedness based which the under | on the ex rsigned is in collec | tension of credit to an or may be liable, and | y other co which is and all su | orporati placed ich liabi | on or bus with an a lities and | siness entity attorney or bo | with whi onded col this Gua | ch the undersi llection agency tranty. | gned is or ma | ny be affiliated. If a default in | |
| · | | | | | | | | | | | | |
| Owner/Principal's Home Address | | | City | | | | | | State | | Zip | |
| 1. I (We) agree to release my banking informati 2. I (We) agree to that such extension of credit a: I (We) shall pay the amount or amounts d b: I (We) agree that any amounts not paid v percent (18%) annually from the day th c: I (We) agree all cost of collection and a re 3. I (We) will mail back this original credit a 4. I (We) agree a copy or fax of this agreement | be subject to the ue, as evidenced within the time a ne amount become easonable attorn application back | following the additional followed in the delinques of the way's fee way to Pacif | g terms and conditions count, not later then to term, shall be consid- quent. will be added hereto in fic Best Inc. at the ad | s: the term. ered delin | nquent a | and shall | incur interes | | | _ | | |
| Owner/Principal's Signature: | | | | | Date: | | | | | | | |
| D. For Office Use Onl | ly (PAC/F | PBI) | | | | | | | | | | |
| Credit Check Completed By: Comments: | | | | | Date: | | | | | | | |
| | | | | | | | | | | | _ | |
| Supervisor/Account Manager Signature: | | | | | Date: | | | | | | | |
| Suggested Term: | | | | | Suggested Credit Limit: | | | | | | | |